

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
STIPULATION TO USE OF ALTERNATIVE DISPUTE RESOLUTION PROCESS (CRC 3.221)	CASE NUMBER: _____

The parties and/or their attorneys stipulate that the matter is at issue and that this action shall be submitted to the following alternative dispute resolution process. Selection of any of these options will not delay any case management timelines.

_____ Court Ordered Non-Binding Arbitration (Cases valued at \$50,000 or less)

_____ Private Mediation

_____ Private Binding Arbitration

_____ Other (specify): _____

It is also stipulated that the following shall serve as arbitrator, mediator or other neutral:

_____.

Date: _____

Date: _____

Name of Plaintiff/Petitioner

Name of Defendant/Respondent

Signature of Plaintiff/Petitioner

Signature of Defendant/Respondent

Name of Plaintiff's Attorney

Name of Defendant's Attorney

Signature of Attorney

Signature of Attorney